



South Carolina Criminal Justice Academy
 Standards and Accreditation Unit
 5400 Broad River Road Columbia, SC 29212
 Ph: (803) 896-7843

Fax/e-mail completed form to: (803) 896-8746 or standtest@sccja.sc.gov

ALLOW FIVE BUSINESS DAYS FOR FORM APPROVAL
Application for Institutional Provider and Course Approval

**Institutional Provider/
 Agency Name:** _____

Representative: _____

Title/Position: _____

E-Mail Address: _____

Telephone Number: _____

Institutional Provider #: _____ **Date Submitted:** _____

Title of Training: _____

CJA Lesson Plan # _____ **# of Contact Hours:** _____

- Attach:**
1. Topical Outline including Performance Objectives
 2. Course Schedule of Contact Hours **showing hourly break down of instruction** (course registration, lunch, breaks, and business meetings are not considered as instructional contact);
 3. Name and professional/educational background of all instructional personnel. (A marketing brochure is acceptable if it provides information as described in items 1, 2, and 3.)

Indicate the type of agency/institution you represent.

- | | | |
|---|---|---|
| <input type="checkbox"/> Federal Law Enforcement | <input type="checkbox"/> State Law Enforcement | <input type="checkbox"/> National Law Enforcement |
| <input type="checkbox"/> County Law Enforcement | <input type="checkbox"/> State Law Enforcement Assoc | <input type="checkbox"/> National Law Enforcement Assoc |
| <input type="checkbox"/> Judicial | <input type="checkbox"/> University | <input type="checkbox"/> Technical College |
| <input type="checkbox"/> Consultancy/Contractual (See **) (Fee Based) | <input type="checkbox"/> Private Training Provider (See **) (Fee Based) | <input type="checkbox"/> Other: Specify (See **) _____ |

**** If you provide training on a contractual fee basis, attach two letters of recommendation from previous clients who have benefited from your training within the last 12 months. Submission mandatory for initial approval consideration. If you are already approved and have your Institutional Provider # you do not have to resubmit these letters.**

List the states that have approved your training for law enforcement personnel:

State	Name Of Course	Date Approved	State/Regulatory Agency Granting Approval

INSTITUTIONAL ASSURANCE STATEMENT

The undersigned authorized representative hereby warrants to and assures the South Carolina Criminal Justice Academy in consideration of the granting of Continuing Law Enforcement Education (CLEE) credits, that they will comply with the following conditions:

1. The Institutional Provider will maintain the lesson plan, to include performance objectives and testing materials, that meets current accepted professional/occupational standards that have been determined by Institutional Provider to be legally and content defensible.
2. The Institutional Provider will keep on file biographical and professional information for all instructors who provide instruction in this course and warrants that said instructors are professionally and educationally qualified to provide instruction in said course.
3. The Institutional Provider must maintain all training documentation along with this approval notice for 2 years from date of approval.

 Signature

 Date

Academy Use Only

Approved by: _____

Date Approved: _____

CJA Standards Program Coordinator